

Title: **AF Specific Coding Issues Session**

Session: **T-6-1530**



Objectives

- Welcome
- Coding Program Office Updates
- Points of Contact
- Coding Questions and Open Forum



Coding Program Office Updates

- Quick Notes on Sessions
 - UBU
 - UBO
 - MSA
 - MEPRS/DQ
 - Systems Training
 - TPOCS
 - CCE
- Introductions



Points of Contact

- Ambulatory HIM / Coding Consultant (Names have been redacted)
- Ambulatory Coding Compliance & Education Coordinator
- Coding Contract Program Manager
- Coding Questions Surveillance Reports:
 - AFMOA/Coding@us.af.mil



Coding Program Office Updates

- Audit Tool
 - Training Sessions
 - Sneak Preview
 - Activation Date
- Teleconference
 - Monthly (almost) – 5 sessions, various times
 - Various topics – not just coding
- Coding Guidelines
- Essentris
- ICD-10 Updates



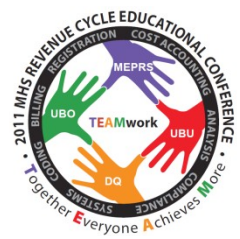
Questions / Forum

- Coding Questions / Open Forum



Q & A

- Q: I keep hearing different things from different coders (and providers!) about using “discussed” as opposed to “counseling” in their notes when coding for time. Several of my providers feel it's ok to say they discussed with the patient or parent what needs to be done, side effects, etc., that are above and beyond what is normal for the condition being treated. What is your opinion?
- A: No problem from here about using this type of interchangeable terminology...the intent is usually the same – the documentation will always be the key.



Q & A

- Q: Now that we've started Essentris, I would like to know how the other AF bases are doing with their coding. Who are compiling the charts, who is printing the notes, SOAPs, summaries for the charts? Right now, I'm digging through the notes and printing them. I'm also searching high and low on these forms for what to document because they are not in the order of the old hard copy forms. Are any other bases having issues?
- Q: What did they do to solve their issues? Any great solutions other bases have come up with that I can follow?
- Q: I heard Brooks has a great program where forms can be scanned into Essentris, can you tell us more on how that works? Is it OCR based?



Q & A

- Q: As you may know, the new 2011 HCPCS Level II book had the dental section taken out. Now that it is gone, what is the most effective way I can code dental charts without my updated code book? How are other AF bases dealing with this issue?
- Q: Please advise if it is all right to continue using the 2010 codes and, if so, is there a place I can check to see if I am using the most up to date codes so I won't be making any mistakes?
- A: Once the 2011 code tables are updated, I'm not sure if the 2010 HCPCS deleted codes/sections will remain. Suggest using 41899, unlisted procedure, dentoalveolar structures – if all else fails.
 - Any other ideas for dental APVs?



Q & A

- Q: Manually changing the AHLTA default E/Ms (preventive and acute) from established to new.
- A: Provider education, they should when appropriate.
- Q: Assigning ICD-9 codes for conditions not addressed in the HPI or exam if it's an anatomical-related diagnosis.
- A: Provider education – always code if it's relevant to encounter...documentation, documentation, documentation.
- Q: Not documenting CPT procedure notes but assigning a CPT procedure code.
- A: Issue for a long time: provider education.



Q & A

- Q: Assigning E/Ms for 3- and 5-day BP checks when the patient does not see provider; same for B-12 injections and walk-in pregnancy tests?
- A: See 3.1.4.1 in MHS guidelines for BP checks.
- A: B-12 injections, assign substance code and injection administration.
- A: Pregnancy tests – done in the clinic? Urine or blood?



Q & A

- ICD-10 Training
- Q: ICD-10 training...are the docs going to code, will we code, etc.?
- A: Not totally decided yet by TMA – agree this is a huge issue.
- Q: I am noticing the overuse of V67.9 as a follow-up code for everything here — lab, common cold, leg pain, etc. — there has got be a better way.
- A: Nurses use this a lot for reporting labs, etc.; providers shouldn't — it's an "unspecified administrative service." ...V67.59 may be used for totally resolved conditions; otherwise, if the condition still exists, code the condition.



Q & A

- Q: Immunotherapy coding (95115-95199). This seems to raise consistent questions over time, so could this be included in an upcoming revision to the MHS, or perhaps AFMOA could come up with a Web in-service for this.
- Q: Key topic is the provision of extract, where this is supplied across the AFMS; rationales for cost to the clinics and correct coding, when nurse administered, etc., etc.
- A: Most MTFs do not have an allergist to mix and provide the extracts, so depending on the scenario, MTFs that provide the professional services for immunotherapy injections will probably use the 95115-95117 or 95120-95134, if performed at the prescribing clinic.



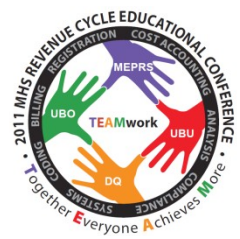
Q & A

- Q: Our HCM sent me an e-mail stating that V76.51, special screening for malignant neoplasm colon, should only be used when a screening test is completed, and not just a discussed (e.g., pre-op, or referral, or well visit). Is this correct guidance?
- A: Yes, the screening codes are intended for use when the “screening” test is actually performed, not when it’s discussed, ordered, etc.
 - Question of the ages is “What code do we use when ordering the screening test?”
 - No one-size-fits-all answer. If this comes up at a well visit, that code would work for ordering the test.



Q & A

- Q: OB, First visit with provider (10-12 weeks); screening for cervical cancer was removed from the 2011 MHS CGs. Does this mean we report screening pap smears separately?
- A: Yes, that's what it means.



Post Conference Information

- Presentation Slides located on KX
- <https://kx.afms.mil/afmoa/hcm>



It's Your Dime

- Questions

